

LOAN AGREEMENT AND DISCLOSURE STATEMENT

AMERICAN
GENERAL
FINANCIAL SERVICES

DATE 06/10/04	ACCOUNT NUMBER 7496380	TYPE OF LOAN (Alpha) 800
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		LENDER'S TELEPHONE NUMBER 334-279-6011
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. TWIN OAKS VILLAGE 2723 EASTERN BYP MONTGOMERY, AL 36117-1594		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
LUCRETIA MOONEY 44 OAK FORST RD FITZPATRICK RD, AL 36029		

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled.
28.23 %	\$ 380.80	\$ 1599.20	\$ 1980.00

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
18	\$ 110.00	monthly beginning 07/10/04

LATE CHARGE: ☒ If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

☐ If any payment is not paid in full within _____ days after its due date, I will be charged \$ _____ if the entire scheduled payment exceeds \$ _____ or \$ _____ if the entire scheduled payment is \$ _____ or less.

PREPAYMENT: If I pay off early:

☐ I may ☒ I will not have to pay a penalty or minimum charge.
☒ I may ☐ I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

☐ Real estate located at:

Year	Make	Model	Vehicle Identification No.

☐ Other Assets
 Other Assets Description

☒ Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender

☐ My loan contains a variable-rate feature. Disclosures about the variable-rate feature have been provided to me earlier

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties, if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Lucretia Mooney
Borrower

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

C(1)

ITEMIZATION OF AMOUNT FINANCED

Amounts paid to others on my behalf

1. \$	21.74	Single Life Premium	PAID TO LIFE INSURANCE COMPANY *
2. \$	NONE		PAID TO
3. \$	NONE		PAID TO
4. \$	NONE		PAID TO
5. \$	NONE		PAID TO
6. \$	NONE		PAID TO
7. \$	NONE		PAID TO
8. \$	NONE		PAID TO
9. \$	NONE		PAID TO
10. \$	NONE		PAID TO
11. \$	NONE		PAID TO
12. \$	NONE		PAID TO
13. \$	NONE		PAID TO
14. \$	NONE		PAID TO
15. \$	NONE		PAID TO
16. \$	NONE		PAID TO
17. \$	NONE		PAID TO
18. \$	NONE		PAID TO
19. \$	NONE		PAID TO
20. \$	NONE		PAID TO
21. \$		PAID TO	
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37. \$		PAID TO	
38. \$		PAID TO	
39. \$		PAID TO	
40. \$		PAID TO	
41. \$		PAID TO	
42. \$		PAID TO	
43. \$		PAID TO	
44. \$		PAID TO	
45. \$		PAID TO	

Amount Paid on Prior Account with Lender

46 \$ NONE

Amounts Paid to me

47. \$	1577.46	PAID TO LUCRETIA MOONEY
48. \$		PAID TO
49. \$		PAID TO
50. \$		PAID TO
51. \$		PAID TO
52. \$		PAID TO
53. \$		PAID TO
54. \$		PAID TO
55. \$		PAID TO
56. \$		PAID TO

* Lender may retain a portion of these amounts.

\$ 1599.20 Amount Financed (Sum of lines 1 - 56)

\$ 90.00 Prepaid Finance Charges (itemized below)

PREPAID FINANCE CHARGES

1. \$	90.00	Interest Surcharge	PAID TO LENDER
2. \$	NONE		PAID TO
3. \$	NONE		PAID TO
4. \$	NONE		PAID TO
5. \$	NONE		PAID TO
6. \$	NONE		PAID TO
7. \$	NONE		PAID TO
8. \$	NONE		PAID TO
9. \$	NONE		PAID TO
10. \$	NONE		PAID TO
11. \$	NONE		PAID TO
12. \$	NONE		PAID TO
13. \$	NONE		PAID TO
14. \$	NONE		PAID TO
15. \$	NONE		PAID TO

SEE NEXT PAGE FOR IMPORTANT INFORMATION

TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 06/10/04	ACCOUNT NUMBER 7496380	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. TWIN OAKS VILLAGE 2723 EASTERN BYP MONTGOMERY, AL 36117-1594		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
LUCRETIA MOONEY 44 OAK FORST RD PITZPATRICK RD, AL 36029		

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance		PAYED BY RENEWAL MAY 09 2005 American General Fin Services MONTGOMERY AL	Premium
CREDIT LIFE INSURANCE I want single credit life insurance.			21.74
Date 06/10/04	<i>Lucretia Mooney</i> Borrower LUCRETIA MOONEY	4-17-55 Date of Birth	
Date	Coverage not applicable. Co-Borrower	Date of Birth	
CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE			\$ NONE
Date	Insurance not available. Borrower	Date of Birth	
Date	Insurance not available. Co-Borrower	Date of Birth	

* If I/We have selected credit disability insurance, I/We certify by signing above that the proposed insured is actively at work at least 30 hours per week. (Applies to all states EXCEPT Washington and Wisconsin.)

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term in Months	Premium
Date Insurance not elected. Borrower		\$ NONE
Date Coverage not applicable. Co-Borrower		

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

TRUTH IN LENDING INSURANCE DISCLOSURES (con'd)

VOLUNTARY CREDIT INSURANCE. Lender's affiliate may provide the credit insurance that I voluntarily select. Lender and/or its affiliates expect to profit from my purchase of voluntary credit insurance, and I consent to this.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE. Lender does not require that I insure the personal property listed on the Personal Property Appraisal Form (if any); however, I may voluntarily purchase voluntary credit personal property insurance from Lender or its affiliate or from another insurance company. I should review my existing homeowner's and other physical damage insurance to determine whether voluntary credit personal property insurance duplicates or adversely affects my existing insurance coverage(s). Lender and/or its affiliates expect to profit from my purchase of voluntary credit personal property insurance, and I consent to this.

**AMERICAN
GENERAL
FINANCIAL SERVICES**

INSURANCE DISCLOSURE SUMMARY

Borrower Name and Address: LUCRETIA MOONEY 44 OAK FORST RD FITZPATRICK RD, AL 36029	Branch Number: 1715
	Loan Number: 7496380
	Date: 06/10/04

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.


INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	LUCRETIA MOONEY	\$ 21.74
Credit Disability		\$ NONE
Credit Involuntary Unemployment		\$ NONE
Credit Personal Property		\$ NONE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
OTHER PRODUCTS	MEMBER(S)	PLAN FEE
		\$
		\$

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearned premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

NON CREDIT INSURANCE: I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:


 (Signature)
 A047311
 (License Number)

BORROWER: 
 (Signature)

CO-BORROWER: _____
 (Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General
 Insurance Compliance Services
 601 NW 2nd Street, P.O. Box 159
 Evansville, IN 47701-0159

LOAN AGREEMENT AND DISCLOSURE STATEMENT

**AMERICAN
GENERAL
FINANCIAL SERVICES**

DATE 05/09/05	ACCOUNT NUMBER 7496380	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		LENDER'S TELEPHONE NUMBER 334-279-6011
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. COLONIAL PROMENADE MONTGOMERY 2768 EASTERN BLVD MONTGOMERY, AL 36117-1550		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
LUCRETIA MOONEY 44 OAK FORST RD FITZPATRICK RD, AL 36029		

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled
28.08 %	\$ 386.64	\$ 1599.20	\$ 1985.84

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 115.84	06/15/05
17	\$ 110.00	monthly beginning 07/15/05

LATE CHARGE: ☒ If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

☐ If any payment is not paid in full within _____ days after its due date, I will be charged \$ _____ if the entire scheduled payment exceeds \$ _____ or \$ _____ if the entire scheduled payment is \$ _____ or less.

PREPAYMENT: If I pay off early:

☐ I may ☒ I will not have to pay a penalty or minimum charge.
☒ I may ☐ I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

☐ Real estate located at:

☐ Motor Vehicles

Year	Make	Model	Vehicle Identification No.

☐ Other Assets

Other Assets Description

☒ Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement.

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender.

☐ My loan contains a variable-rate feature. Disclosures about the variable-rate feature have been provided to me earlier.

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties, if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Borrower

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

ITEMIZATION OF AMOUNT FINANCED

Amounts paid to others on my behalf

1. \$	21.74	Single Life Premium	PAID TO LIFE INSURANCE COMPANY *
2. \$	79.20	Single Disability Premium	PAID TO DISABILITY INSURANCE COMPANY *
3. \$	NONE		PAID TO
4. \$	NONE		PAID TO
5. \$	NONE		PAID TO
6. \$	NONE		PAID TO
7. \$	NONE		PAID TO
8. \$	NONE		PAID TO
9. \$	NONE		PAID TO
10. \$	NONE		PAID TO
11. \$	NONE		PAID TO
12. \$	NONE		PAID TO
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38. \$		PAID TO	
39. \$		PAID TO	
40. \$		PAID TO	
41. \$		PAID TO	
42. \$		PAID TO	
43. \$		PAID TO	
44. \$		PAID TO	
45. \$		PAID TO	

Amount Paid on Prior Account with Lender

46. \$ 830.17

Amounts Paid to me

47. \$	668.09	PAID TO LUCRETIA MOONEY
48. \$		PAID TO
49. \$		PAID TO
50. \$		PAID TO
51. \$		PAID TO
52. \$		PAID TO
53. \$		PAID TO
54. \$		PAID TO
55. \$		PAID TO
56. \$		PAID TO

* Lender may retain a portion of these amounts.

\$ 1599.20 Amount Financed (Sum of lines 1 - 56)

\$ 90.00 Prepaid Finance Charges (itemized below)

PREPAID FINANCE CHARGES

1. \$	90.00	Interest Surcharge	PAID TO LENDER
2. \$	NONE		PAID TO
3. \$	NONE		PAID TO
4. \$	NONE		PAID TO
5. \$	NONE		PAID TO
6. \$	NONE		PAID TO
7. \$	NONE		PAID TO
8. \$	NONE		PAID TO
9. \$	NONE		PAID TO
10. \$	NONE		PAID TO
11. \$	NONE		PAID TO
12. \$	NONE		PAID TO
13. \$	NONE		PAID TO
14. \$	NONE		PAID TO
15. \$	NONE		PAID TO

SEE NEXT PAGE FOR IMPORTANT INFORMATION

TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 05/09/05	ACCOUNT NUMBER 7496380	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. COLONIAL PROMENADE MONTGOMERY 2768 EASTERN BLVD MONTGOMERY, AL 36117-1550		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
LUCRETIA MOONEY 44 OAK FORST RD FITZPATRICK RD, AL 36029		

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premium
CREDIT LIFE AND CREDIT DISABILITY INSURANCE * I want single credit life insurance and single credit disability insurance. Date <u>05/09/05</u> <u>Lucretia Mooney</u> Borrower <u>4-17-55</u> Date of Birth <u>Lucretia Mooney</u> Date _____ Coverage not applicable. Co-Borrower Date of Birth _____	\$ 100.94
CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE Date _____ Insurance not elected. Borrower Date of Birth _____ Date _____ Coverage not applicable. Co-Borrower Date of Birth _____	\$ NONE

* If I/We have selected credit disability insurance, I/We certify by signing above that the proposed insured is actively at work at least 30 hours per week. (Applies to all states EXCEPT Washington and Wisconsin.)

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term in Months	Premium
Date _____ Insurance not elected. Borrower Date _____ Coverage not applicable. Co-Borrower		\$ NONE

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

TRUTH IN LENDING INSURANCE DISCLOSURES (con'd)

VOLUNTARY CREDIT INSURANCE. Lender's affiliate may provide the credit insurance that I voluntarily select. Lender and/or its affiliates expect to profit from my purchase of voluntary credit insurance, and I consent to this.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE. Lender does not require that I insure the personal property listed on the Personal Property Appraisal Form (if any); however, I may voluntarily purchase voluntary credit personal property insurance from Lender or its affiliate or from another insurance company. I should review my existing homeowner's and other physical damage insurance to determine whether voluntary credit personal property insurance duplicates or adversely affects my existing insurance coverage(s). Lender and/or its affiliates expect to profit from my purchase of voluntary credit personal property insurance, and I consent to this.

**AMERICAN
GENERAL
FINANCIAL SERVICES**
INSURANCE DISCLOSURE SUMMARY

Borrower Name and Address: LUCRETIA MOONEY 44 OAK FORST RD FITZPATRICK RD, AL 36029	Branch Number: 1715
	Loan Number: 7496380
	Date: 05/09/05 MONTH/DAY/YEAR

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.

INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	LUCRETIA MOONEY	\$ 21.74
Credit Disability	LUCRETIA MOONEY	\$ 79.20
Credit Involuntary Unemployment		\$ NONE
Credit Personal Property		\$ NONE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
OTHER PRODUCTS	MEMBER(S)	PLAN FEE
		\$
		\$

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearned premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

NON CREDIT INSURANCE: I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:

Melodee Wyatt
(Signature)
A220663
(License Number)

BORROWER:

Lucretia Mooney
(Signature)

CO-BORROWER:

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General
Insurance Compliance Services
801 NW 2nd Street, P.O. Box 159
Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Ext 5232 Telefax: (812) 461-2852

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